

FAMILY SUBDIVISION PLAT APPLICATION



January 1, 2015

Beginning July 1, 2012, per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.

Stafford County Department of Planning & Zoning

**1300 Courthouse Road
P.O. Box 339
Stafford, VA 22555-0339**

**Phone: (540) 658-8668
Fax: (540) 658-6824**

www.staffordcountyva.gov

Family Subdivision Plat Submittal and Approval Process

1. Once a completed application has been submitted, the fees are verified and the application is logged into our computer system. ***All applications are logged in by the next Monday after submission.***
2. The plats are routed to all appropriate reviewers and State Agencies.
3. A review time deadline is assigned as well as the application number.
4. The plat preparer has two reviews to address all County comments. If comments are not addressed, a 3rd review fee will be required.
5. If a street name is required by plat comments, the applicant/owner is responsible for installing the street sign in accordance with County Standards and the details and requirements can be obtain from the Office of Transportation, Department of Public Works website.
6. Once all comments are addressed, the plats can be signed and recorded. Submit **TEN (10)** sets of the plats, which contain all **original signatures of the OSE, plat preparer, and the owners with proper notarization for recordation.** Fees are required for recordation and Payable to the **Clerk of the Court.**
7. All appropriate departments plan review and comments can be viewed on the Integrated Web Response System (IWR) at **<http://hello.stafford.va.us>**.

Application Submittal Checklist

- ☐ Completed **“Project Information & Primary Contacts”** form
- ☐ Completed **“Family Subdivision Plat Review Fee Calculation”** sheet and appropriate fees payable to **“County of Stafford” including 2.75% TECHNOLOGY FEE.**
- ☐ Signed **“Affidavit of Eligibility”** from Grantee
- ☐ Signed **“Statement of Understanding”** from the owner(s) and applicant
- ☐ Completed **“Checklist for Family Subdivision Plat”**, signed by the plat preparer
- ☐ Six (6) 17”x 21” sets of plats
- ☐ Two (2) copies of the soils report and drainfield plat prepared by a licensed On-Site Soil Evaluator (OSE) for each lot not being served by public sewer
- ☐ Electronically formatted computer file containing all information shown on the final plat. The computer file shall conform to standards as determined by the Geographic Information System office for program compatibility. Formatting requirements are available through the Stafford County web page.

Effective 5/21/14, all construction plans not approved prior to 5/21/14 are subject to a county-wide transportation impact fee. The following note is required on all approved construction plans:

In accordance with Stafford County Code Chapter 13.5, all dwelling units shall be subject to a Transportation Impact Fee and shall be payable upon the issuance of a building permit.

RECEIVED:

DATE: _____ INITIALS _____

OFFICIALLY SUBMITTED:

DATE: _____ INITIALS _____

Project Information & Primary Contacts

Major SP	<input type="checkbox"/>	Cluster Concept Plan	<input type="checkbox"/>
Infrastructure Plan	<input type="checkbox"/>	Preliminary Plan	<input type="checkbox"/>
Minor SP	<input type="checkbox"/>	Construction Plan	<input type="checkbox"/>
Grading Plan	<input type="checkbox"/>	Technical Change	<input type="checkbox"/>

Minor Plat	<input type="checkbox"/>	Final Subd. Plat	<input type="checkbox"/>
BLA/DED/VACA	<input type="checkbox"/>	Family Subd. Plat	<input type="checkbox"/>

<u>PROJECT INFORMATION</u>	<u>PROJECT #</u> _____
_____ PROJECT NAME	_____ SECTION
_____ ADDRESS (IF AVAILABLE)	_____ TOTAL SITE ACREAGE
_____ TAX MAP /PARCEL(S)	_____ ZONING DISTRICT
_____ LOCATION OF PROJECT	

<u>APPLICANT/AGENT</u>	Primary Contact Person <input type="checkbox"/>				
_____ NAME	_____ COMPANY				
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP		
_____ PHONE NUMBER				_____ FAX NUMBER	_____ EMAIL ADDRESS

<u>OWNER</u> (Provide attachments if multiple owners)	Primary Contact Person <input type="checkbox"/>				
_____ NAME	_____ COMPANY				
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP		
_____ PHONE NUMBER				_____ FAX NUMBER	_____ EMAIL ADDRESS

<u>PROFESSIONAL</u> (Engineer, Surveyor, etc.)	Primary Contact Person <input type="checkbox"/>				
_____ NAME	_____ COMPANY				
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP		
_____ PHONE NUMBER				_____ FAX NUMBER	_____ EMAIL ADDRESS

Family Subdivision Plat
Review Fee Calculation

*** Total application fee includes ONLY the 1st & 2nd Reviews

***Total application fee is for the administrative process and review of this application, and does not constitute an approval of the Family Subdivision Plat.

A. Base Fee \$ 1,150.00

B. I.T. Review Fee:
(Total _____number of lots) x \$20.00 = \$ _____ .00

C. Utilities Review Fee (if **COUNTY** water/sewer) \$ 180.00

SUBTOTAL \$ _____ .00

Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until **June 18, 2017.** + **2.75%** \$ _____

GRAND TOTAL \$ _____

All 3rd and subsequent Review Fees are as follows:

Planning & Zoning (\$550.00)
Utilities (\$95.00)

Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until **June 18, 2017.**

THE ABOVE FEES ARE TO BE MADE PAYABLE TO: **COUNTY OF STAFFORD**

Statements of Understanding

I, as owner/co-owner of the property subject to this application, do hereby certify that I have read and understood the requirements of this submission of Family Subdivision Plat for review and approval as provided under the Subdivision Ordinance, Chapter 22 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this project is located.

Signature of Owner/Co-Owner	Printed Name	Date
-----------------------------	--------------	------

Signature of Owner/Co-Owner	Printed Name	Date
-----------------------------	--------------	------

Signature of Owner/Co-Owner	Printed Name	Date
-----------------------------	--------------	------

I, as applicant or agent for the owner(s) of the property subject to this application, do hereby certify that I have submitted this application for Family Subdivision Plat for review and approval as provided under the Subdivision Ordinance, Chapter 22 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this subdivision is located.

Signature of Applicant/Agent	Printed Name	Date
------------------------------	--------------	------

Family Subdivision Plat

AFFIDAVIT OF ELIGIBILITY

I, _____, am (indicate the relationship) a natural or legally defined offspring, stepchild, spouse, family member's spouse, sibling, grandchild, grandparent or parent of _____, the owner of property to be subdivided pursuant to the family subdivision provisions of Section 22-5(a) of the Stafford County Code, and I hereby certify that the application for family subdivision filed by me or on my behalf complies with all legal requirements.

Grantee's Signature

COMMONWEALTH OF VIRGINIA
COUNTY OF STAFFORD: to-wit:

The foregoing instrument was acknowledged before me this _____ day of _____
(Day)

_____, _____ by _____
(Month) (Year)

My commission expires: _____

Notary Public

FAMILY SUBDIVISION PLAT CHECKLIST

Completed	N/A	FAMILY SUBDIVISION PLAT	Completed	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.9 & 10 EASEMENT WIDTH	<input type="checkbox"/>	<input type="checkbox"/>	22-143 5:1 SHAPE RATIO/ELONGATION
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.9 RD FRONTAGE/ESMT < 5 ACRES	<input type="checkbox"/>	<input type="checkbox"/>	22-144 LOT FRONTAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.10 RD FRONTAGE/ESMT ≥ 5 ACRES	<input type="checkbox"/>	<input type="checkbox"/>	22-145 CORNER LOTS
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.11 RESIDUE NOTE	<input type="checkbox"/>	<input type="checkbox"/>	22-146 SIDE LOT LINES
<input type="checkbox"/>	<input type="checkbox"/>	22-5.12 NON EXCL ESMT CONCURRENC	<input type="checkbox"/>	<input type="checkbox"/>	22-147 OUTLOTS NOT PERMITTED
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.15 GNRL PROP CORN MNMNTS	<input type="checkbox"/>	<input type="checkbox"/>	22-149 DOUBLE FRONTAGE
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 SURVEYOR CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>	22-151 REVERSE FRONTAGE OR SHARED D/W
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 NO BLD BRL STATEMENT	<input type="checkbox"/>	<input type="checkbox"/>	28. OTHER INFO REQUIRED
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 EX ESMTS & LR#	<input type="checkbox"/>	<input type="checkbox"/>	28-35 TABLE 3.1
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 FLOODPLAIN LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	28-38 PERFORMANCE REGULATIONS
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 TOTAL ACREAGE	<input type="checkbox"/>	<input type="checkbox"/>	28-39 LOCATION EXISTING ITEMS
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 OWNER'S CONSENT	<input type="checkbox"/>	<input type="checkbox"/>	28-39.O LOCATION OF CEMETERIES
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 ASSESSOR'S PARCEL REF	<input type="checkbox"/>	<input type="checkbox"/>	28-62 CRPA
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 AGENTS APPROVAL BLOCK	<input type="checkbox"/>	<input type="checkbox"/>	22-87 E.11
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 STMNT COMPL 22-5.A.	<input type="checkbox"/>	<input type="checkbox"/>	22-87 E.12
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.16 REF TO PARENT PARCEL	<input type="checkbox"/>	<input type="checkbox"/>	22-87 E.14
<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.17.a-c ESMT STATEMENT & NOTES			
<input type="checkbox"/>	<input type="checkbox"/>	22. OTHER INFO REQUIRED	<input type="checkbox"/>	<input type="checkbox"/>	FILING
<input type="checkbox"/>	<input type="checkbox"/>	22-42 ZONING ORD/PROFFER COMPLIANCE	<input type="checkbox"/>	<input type="checkbox"/>	22-86.A TEN COPIES OF PLATS
<input type="checkbox"/>	<input type="checkbox"/>	22-118 APPROVED WATER & SEWER	<input type="checkbox"/>	<input type="checkbox"/>	2 COPIES OSE SOIL REPORT PKG(S)
<input type="checkbox"/>	<input type="checkbox"/>	22-118.1 URBAN SERVICE AREA	<input type="checkbox"/>	<input type="checkbox"/>	22-5.A.8 NOTARIZED AFFIDAVIT FOR EACH GRANTEE
<input type="checkbox"/>	<input type="checkbox"/>	22-142 LOT SIZE	<input type="checkbox"/>	<input type="checkbox"/>	COMPLETED APPLICATION PKG

I, _____ duly licensed/certified in the Commonwealth of Virginia, do hereby certify that the plat submitted with this checklist conforms to the requirements of the Stafford County Code. I further certify that the above checklist is both complete and accurate.

Signature

Certification